



Atty. Dkt. No. 041457-0630

RCE
Ifw

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Juan MANTELLE et al.
Title: COMPOSITIONS AND METHOD FOR TREATMENT OF ATTENTION DEFICIT DISORDER AND ATTENTION DEFICIT/HYPERACTIVITY DISORDER WITH METHYLPHENIDATE
Appl. No.: 10/024,513
Appl. Filing Date: 12/21/2001
Examiner: F. Choi
Art Unit: 1616

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

☒ Please enter and consider the amendment/reply previously filed on August 2, 2004.

☒ Please consider the Affidavit(s)/Declaration(s) previously filed on August 2, 2004 but not considered.

10/18/2004 HVUONG1 00000086 10024513

01 FC:1801 790.00 OP
02 FC:1252 430.00 OP

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002.1280109.1

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$430.00	\$430.00
TOTAL FEE:		\$1220.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$1,220.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

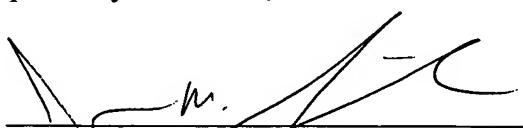
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 15, 2004

FOLEY & LARDNER LLP
Customer Number: 22428
Telephone: (202) 672-5585
Facsimile: (202) 672-5399

By


James M. Silbermann
Attorney for Applicant
Registration No. 40,413